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Role of Supervisors in Infection Control

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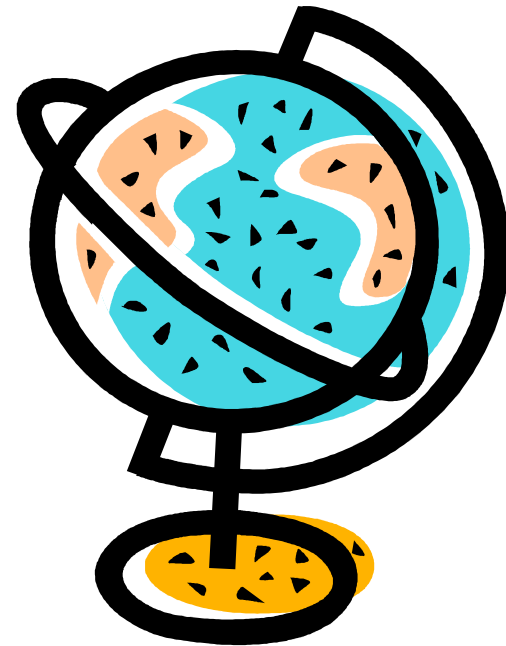
Learning Objectives

By the end of the session, participants should be able to:

- Discuss the role of supervision at the facility, sub/district/regional, and national level
- Identify sources of information for supervision
- Name and discuss the basic components of supervision checklists for TB

Levels of Supervision

- Facility
- Sub district/ District
- Provincial
- National



Facility Supervision

- Provide day-to-day support to staff
- Oversee regular practices of infection prevention
- Work with staff to identify problems and monitor process improvement
- Measure quality improvement on a regular basis
- Recognize and communicate facility needs to district or regional authorities



Sub District or District Supervision

- Assist facility management to identify and prioritize training and technical assistance needs
- Periodically monitor progress at the facility level
- Synthesize findings (e.g. successes, gaps, & failures) from all facilities in the district/region to improve future planning & to inform the national government
- Collaborate and exchange information with other district or regional authorities

Provincial Supervision

- Support district supervisors to identify system wide gaps, successes, or failures
- Measure progress at all levels of the health system
- Assess infection prevention practices throughout the Province
- Respond to and prioritize specific needs

National Supervision

- Support Provincial and regional supervisors to identify system wide gaps, successes, or failures
- Measure progress at all levels of the health system
- Assess infection prevention practices throughout the country
- Respond to and prioritize specific needs



Infection Control External Supervision e.g WHO

- Assess status of infection prevention practices
- Determine which standards aren't being met
- Motivate and support staff
- Make recommendations for improvement of current practices
- Assist implementation and monitoring of process improvement

Sources to Be Used for Supervision

- Observation
- Interviews with facility staff
- Patient (TB) registers and treatment cards
- Patient cards (retained by patient)
- Staff role playing
- Drug stock cards

Improving Infection Prevention Practices

- **Step One:** Identify standards that are not being achieved
- **Step Two:** Identify the cause of each standard not being achieved
- **Step Three:** Determine practical solutions to the identified causes

Source: Engender Health, 2004

Prioritize Areas for Improvement

Consider the following when assigning priority:

- What resources are needed to address the problem? How easily can the resources be obtained and at what cost?
- What kind of impact do the inappropriate practices have on services provided at the facility?
- Will addressing this practice improve the quality of services?
- How much time is needed to make this improvement?
- How do the plans to make this improvement fit in with other proposed changes and activities currently underway?

Source: EngenderHealth, 2004

Overcoming Barriers to Implementation

- Underestimation of risk
- Lack of knowledge of appropriate practices
- Inadequate supplies, equipment, or space

Successful Change Implementation

In order to promote success, supervisors should:

- Provide a good example by following good infection practices
- Help each staff member recognize their role
- Investigate & institute steps to correct lapses
- Practice supportive supervision
- Maintain an open forum to discuss ideas and frustrations

Key Interventions

- Supervisors that follow good infection prevention practices are likely to have staff that do the same
- Correct staff misconceptions about the feasibility of adopting new infection prevention practices at the facility
- Involve staff in the assessment of infection prevention practices at facility & share results from previous visits

Supervision Checklist for TB

General Provisions to Be Included:

- Availability of services
- Fast-line services for those already on treatment
- Appropriate protocols & policies available
- Clear responsibility of day-to-day management of TB cases (better if just one person)
- Notification of TB cases appropriately documented

Supervision Checklist for TB

- Read the report of the last supervisory visit



Supervision Checklist for TB (Clinical Management of Adults with TB)

Are clinic staff?

- Identifying TB suspects
- Requesting appropriate sputum investigations at the correct time
- Initiating correct treatment protocols
- Providing information to new TB patients
- Offering HIV Voluntary Counseling Testing
- Reviewing clinical progress of each patient
- Managing contacts according to program guidelines

Supervision Checklist for TB (Clinical Management of Children with TB)

- Searching for all child contacts of TB patients
- Using PPD testing in children under five
- Correctly reading PPD tests
- Ensuring children receive correct treatment
- Maintain records to improve follow up

Supervision Checklist for TB (Sputum Management)

- Correct completion of lab request forms
- Availability of sputum jars/request forms
- Frequency and reasons for stockouts
- Results of all sputum tests received
- Regular sputum transport to the lab
- Quality of sputum collection

Supervision Checklist for TB (Treatment Support)

This checklist will vary depending on the type of treatment support the clinic provides

Supervision Checklist for TB (TB Recording)

- Are the TB register, facility-retained patient cards, and patient-retained cards complete and up-to-date?
- Is the TB section of the monthly report completed correctly?
- Are quarterly statistics easily calculated by staff?

Supervision Checklist for TB (Patient Transfers)

- Does the facility have a means for ensuring the referred patients reach their destination?
- Is the referring facility informed when the patient arrives?
- Are the referral forms filled out completely and correctly?

Key Indicators

- Existence of supervision guidelines (Y/N)
- Do the supervision guidelines contain the following?
 - Review of the TB register
 - Review of patient cards
 - Review of laboratory register
 - Tracking of drug & laboratory supplies
 - Interviews with a sample of patients

Source: WHO, 2004

Key Indicators (2)

- Cough hygiene
- Cough etiquette
- Open window policy

Discussion Questions

- What positive and negative experiences have you had with supervision at your facility?
- Identify an infection control issue at your facility that could be improved with supervision, discuss the steps you go through to improve it.

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